



**REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ACT ABUSE INFORMATION ACT  
RCW 43.43.831 THROUGH 43.83.845**

**REQUESTING AGENCY INFORMATION  
(to be completed by Human Resources):**

City of Kirkland, Human Resources Department

Agency Name

Check performed by:

Date Stamp Records Check

**REQUESTING AGENCY INFORMATION (to be completed by requestor):**

Name of requestor

Supervisor (of applicant)

Title of position applicant is seeking

Department

Type of application: ☐ Employment ☐ Volunteer ☐ Independent Contractor ☐ Other \_\_\_\_\_

**APPLICANT INFORMATION: Please write clearly – all information is mandatory.**

Applicant Last

First

Middle Name or Initial

Alias/Maiden Name(s)

Date of Birth mo/day/year

Sex

Address

City

State

Zip

**Applicant Signature**

**Date**

Pursuant to RCW 10.97 signing this release will allow a further check if deemed necessary by the information received from the **Washington State Patrol Criminal History Section**.

Additional background fingerprint-based checks will be run with **WACIC/NCIC** if deemed necessary to obtain the appropriate clearance for the position for which you are applying.

**Note: A conviction record will not necessarily disqualify you for employment unless such a record would reasonably affect your fitness for the job for which you have applied.**